

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005618

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 35

Primary Registration District No. 5011

Registrar's No. 14

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

CARROLL

b. CITY (If outside corporate limits, give TOWNSHIP only)

CARROLLTON

Length of stay in 1b

3 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

104 E Benton

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE

MISSOURI

b. COUNTY

CARROLL

c. CITY

CARROLLTON

OR
TOWN

CARROLLTON

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

104 E Benton

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

Last

Billups

4. DATE
OF
DEATH

Month

Day

Year

2 - 3 - 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/1-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

Chariton Co.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Socrates Billups

13b. MOTHER'S MAIDEN NAME

Mary Bunch

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Billups Magdalen 711

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

AT CORONER'S OFFICE

and last saw her
him alive on

Death occurred at

5 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Deceased)

George Billups

22b. ADDRESS

107 9th St. Carrollton Mo

22c. DATE SIGNED

2/2/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

2/4/63

23c. NAME OF CEMETERY OR CREMATORY

WAKENIA Cemetery

23d. LOCATION (City, town, or county)

CARROLL Co

Mo

24. FUNERAL DIRECTOR

ADDRESS

MARSHALL FUNERAL HOME CARROLLTON

25. DATE RECD. BY LOCAL REG.

2-6-63

26. REGISTRAR'S SIGNATURE

Mary Dean

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 171

2 171

3

4 0

5 0

6

7 0

8 2

9 420.1

10

11

12 90-3

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed R. M. Marshall

Licensed Embalmer No. 4469

P. O. Address Excellon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.